

ARTICLE A  
SECTION 14

CMS MAIL-IN RECERTIFICATION

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## ARTICLE A SECTION 14

### MAIL-IN RECERTIFICATION PROCESS

This section establishes procedures to be followed when a non-chronic CMS beneficiary is requesting a recertification of the CMS program. The adult requesting a recertification for CMS or CMS Hardship may live alone, with a spouse or with family members who are eligible to Medi-Cal.

- Recertification is defined as a beneficiary continues to meet the CMS eligibility criteria without a one (1) month break in certification.

**NOTE:** A face-to-face interview is still required for all initial applications, yearly certifications/recertification and reapplications for non-chronic and chronic patients.

#### 1. RECERTIFICATION CRITERIA

All non-chronic CMS beneficiaries whose current CMS certification expires on or after August 31, 2008 will be given the option of completing their next recertification by mail.

The CMS recertification criteria is as follows:

- 1) Beneficiary must have an ongoing medical need;
- 2) The completed CMS Medical/Dental Need (CMS-127) form must be submitted to Administrative Services Organization (ASO) prior to the current CMS certification end date;
- 3) There is a maximum of one (1) mail-in recertification within a 12 month period; and
- 4) Beneficiary must call the CMS Eligibility Appointment Line by the 10<sup>th</sup> of the month following the CMS expiration month to request a mail-in recertification form.

#### 2. MAIL-IN RECERTIFICATION EXCEPTIONS

Recertifications may be completed by mail, except for the following conditions:

- 1) There is a break in certification of one (1) month or more.
- 2) The prior certification was completed by mail.
- 3) The certification expired in excess of one (1) month.
- 4) IDX comments indicate mail returned by U.S. Postal Service.
- 5) Beneficiary calls after the 10<sup>th</sup> of the month following the CMS expiration month.
- 6) A beneficiary who:
  - a) Has been identified on IDX comments having a \*DO NOT RECERT \* or \*CALL B4 RECERT\* alert;
  - b) Is Homeless;
  - c) Request a face-to-face interview; or
  - d) When the worker determines good cause exists to require a face-to-face interview, including but not limited to:
    - (1) Questionable information on the recertification mail-in form or verifications provided;
    - (2) The worker needs to confirm that fraud is not being committed and requests the beneficiary attend a face-to-face interview.

### 3. MAIL-IN RECERTIFICATION PACKET

HCA staff is responsible for assembling and providing ASO the assembled recertification packet upon request.

The table below lists all of the forms included in the mail-in recertification packet:

Form #	Title
CMS-101A/CMS-101A(SP)	CMS Recertification Cover Letter
CMS-101/CMS-101(SP)	CMS Mail-in Recertification Form
CMS-15/CMS-15(SP)	CMS Rights and Responsibilities of Applicants
CMS-23/CMS-23(SP)	CMS Coverage Information
CMS-007/CMS-007(SP)	CMS General Property Limitations
CMS-99/CMS-99(SP)	CMS Credit Check Authorization
CMS-01/CMS-01(SP)	CMS Hardship Application
CMS-106/CMS-106(SP)	CMS Reimbursement Agreement
CMS-107/CMS-107(SP)	CMS Image Verification Checklist
CMS-109/CMS-109(SP)	Informational Notice: The County's Legal Right and Limitations on Repayment
HCPA 14-187/HCPA 14-187(SP)	Authorization for Release of Information
20-46 HHSA	Language Needs Determination
CMS Health Plan NPP-002/ CMS Health Plan NPP-002(SP)	CMS Notice of Privacy Practices
6.5" x 9.5" self-addressed postage-paid return envelope	

### 4. ADMINISTRATIVE SERVICES ORGANIZATION (ASO) RESPONSIBILITY

A. ASO will request assembled CMS Recertification Mail-in packets from HCA.

B. Before mailing the recertification mail-in packet, ASO is responsible for:

- a. Verifying the CMS Medical/Dental Need Form (CMS-127) was received;
- b. Verifying there is no break in certification of one (1) month or more;
- c. Verifying the prior recertification was not completed by mail;
- d. Confirming the call is received by the 10<sup>th</sup> of the month following the CMS expiration month;
- e. Verifying the mailing address and phone number is correct on IDX;
- f. Completing the CMS Recertification Cover Letter (CMS-101A) the same day the call is received;
- g. Date stamping the "County Use Only/Date Form Mailed" section located at the top of the CMS Mail-in Recertification Form when call received;
- h. Mailing out the assembled recertification packet to the beneficiary the same day the call is received; and
- i. Advising the beneficiary that they have fifteen (15) days to return the completed mail-in form and any required documentation and/or verifications by using the postage-paid envelope enclosed in the packet.

### 5. RECERTIFICATION MAIL-IN PACKET RETURNED BY U.S. POSTAL SERVICE

When the recertification packet is received as "Non-Deliverable" or for "No Such Number", etc. from the U.S. Postal Service, HCA will:

- 1) Date stamp the recertification packet;
- 2) Identify applicant in IDX by name and address noted on the envelope returned by the Postmaster.
- 3) Initiate and establish the application date in the CMS IT system by entering the

applicant's application data. The application date is the date the recertification packet is received. An electronic case will need to be created for applicants new to the CMS IT system.

- 4) Scan envelope, cover letter and make an entry in the CMS IT system comments section that recertification packet was returned by Postmaster;
- 5) Complete Registration Information (CMS-4) form. Note on the Comments section that mail was returned, the reason why the correspondence was returned, and send the CMS-4 to ASO at mail stop 0557-B. (Example: "Mail-in app dated 8/28/08 cancelled-mail returned for "Attempted Unknown"). ASO Data Entry will input the information from the CMS-4 to the patient's record on IDX;
- 6) Cancel the application in the CMS IT system; and
- 7) Shred cover letter and envelope.

#### 6. RECERTIFICATION MAIL-IN PACKET RECEIVED

When the recertification mail-in packet is received from the applicant, HCA staff will:

- 1) Date stamp the "County Use Only/Date Form Received" section located at the top of the CMS Mail-in Recertification Form.
- 2) Initiate and establish the application date in the CMS IT system by entering the applicant's application data. The application date is the date the recertification packet is received by the County. An electronic case will need to be created for applicants new to the CMS IT system.
- 3) Assign the application to an eligibility worker the day the form is received for processing.
- 4) Clear applicant in MEDS, CalWIN and IDX systems for eligibility information and comments. Upload screen shots into the CMS IT system.
- 5) Scan the application, forms and verifications into the CMS IT system.
- 6) Mail-in application is placed in file cabinet under "pending files" pending case disposition.

#### 7. RECERTIFICATION MAIL-IN PACKET RECEIVED WHEN THE CERTIFICATION PERIOD HAS EXPIRED IN EXCESS OF ONE (1) MONTH

If the mail-in packet is received after the certification period has expired in excess of one (1) month and good cause is not determined for the late filing, the worker will deny the application. The worker will use "Other" and will write in "Recert mail-in packet not received timely" as the denial reason. Application is now considered a reapplication and applicant will be required to call the Eligibility Appointment Line to schedule an appointment for a face-to-face eligibility interview.

The worker will take the following actions when denying case:

- 1) Deny application, check the box for "Other" and write in the denial reason on the CMS-39D Denial Notice (NOA).
- 2) Scan and save the original forms and verification/documentation into the CMS IT system.
- 3) Mail original verification/documentation back to the applicant for their record. Shred all remaining forms.

#### 8. COVERAGE INITIATIVE (CI) ELIGIBILITY

CMS beneficiaries will not be evaluated for Coverage Initiative (CI) eligibility during the mail-in recertification process.

#### 9. MAIL-IN RECERTIFICATION EVALUATION PROCESS

Eligibility and/or all form requirements to CMS or CMS Hardship have not changed with the mail-in certification process. The case file must contain adequate information with supportive documentation to verify an individual's eligibility.

A. Recertification Mail-in Form

The CMS Recertification Mail-in Form (CMS-101) is the application for a CMS recertification.

B. Application Date

The application date is the date the recertification packet is received by the County.

C. Rights and Responsibilities (CMS-15)

Beneficiaries must return the signed original. Refer to A-2-D(4).

D. CMS Coverage Information (CMS-23)

Beneficiaries must return the signed original. Refer to A-2-K.

E. Credit Check Authorization (CMS-99)

Beneficiaries must return the signed original. Refer to A-2-9A.

F. CMS General Property Limitations (CMS-007)

Beneficiaries must return the signed original. Refer to A-5-3.

G. Reimbursement Agreement (CMS-106)

Beneficiaries must return the signed original. Refer to A-2-9B.

H. Language Needs Determination (20-46 HHSA)

Beneficiaries must return the signed original.

I. Case Handling

When a case is established using the CMS IT system, all forms completed by the applicant or eligibility worker, documentation and verifications used to determine eligibility to the CMS program must be scanned and saved into the CMS IT system.

1) Case Record

HCA staff will initiate the applicant information directly into the CMS IT System. Refer to A-2-2E(1a), A-2-2E(1c) and A-2-2E(1e).

2) Verification Requests

Refer to A-2-E(2).

3) CMS Approved-No Medical Disability Evaluation (DDSD) Pending

Refer to A-2-E(4).

4) CMS Approved-Potential Linkage to Medi-Cal Disability

A. If beneficiary was referred to apply for disability linked Medi-Cal (DDSD) at initial certification, CMS cannot be approved at recertification until the worker has verified

that the beneficiary has fully complied in completing the Medi-Cal DDSD process for full scope Medi-Cal, has met all Medi-Cal eligibility and verification requirements, and the Medi-Cal application is pending in CalWIN with the date the DDSD packet was sent. Refer to A-2-3D(4) and A-2-5A .

- B. If beneficiary was not previously referred to apply for Medi-Cal and now appears to be potentially linked to Medi-Cal DDSD at recertification, worker will:

- 1) Approve CMS for 3 months;
- 2) Check the A-R Enrollment Status ;
- 3) Print the MC210 and CMS-5; Specify retro months are needed on the MC210 and CMS-5;
- 4) Scan CMS-34F, CMS-5 and SAWS-1 into the CMS IT system and narrate action in comments; and
- 5) Mail Informing Notice HHSA-CMS-34F, CMS-5, SAWS-1 and MC210 to the beneficiary.

5) CMS Denied-Medi-Cal Linkage Established

CMS beneficiaries determined disabled by SSA or State DDSD are ineligible to CMS. Refer to A-2-5B.

6) CMS Denied-Excess Income

Refer to A-2-2.E(3).

7) CMS Denied-Failure to Provide

Refer to A-2-2.D(2).

J. Notification

Refer to A-2-2.E.

K. Clinic assignment

Upon approval, the CMS IT system will automatically transfer over the PCC site previously selected by the beneficiary on to the CMS card and the inside cover of the CMS Patient Handbook which will be mailed to the beneficiary.

L. CMS Identification Card

Refer to A-2-2H.

M. Patient Handbook

Refer to A-2-2I.

N. CMS Lien Information (CMS-123A/CMS-123)/CMS Grant of Lien (CMS-122)

Beneficiaries must return the signed originals. Refer to A-2-2L.

O. Share of Cost

Refer to A-2-2J.